

Pre-Authorized Debit Plan Agreement Cancellation Notice

Please complete this form and send to Utilities Kingston as follows:

By mail: Utilities Kingston, Attention: Customer Service Department, PO Box 790, Kingston, Ontario K7L 4X7

By fax: 613-546-7816

By email: info@utilitieskingston.com

Introduction

This form of Cancellation Notice for the purposes of Canadian Payments Association Rule H1 - Pre-Authorized Debits (PADs), does not preclude a Payor from using any communication in writing or otherwise that clearly instructs a Payee to cease issuing PADs or otherwise revoking a Payor's PAD Plan Agreement or authorization to issue PADs. The provisions set forth below are in addition to and not in replacement of any or all provisions of any other agreement between a Payee and a Payor and do not limit a Payor's obligations under any agreement with a Payee that comply with the provision of Rule H1.

Notice Period

To request termination, notification must be received at least ten (10) business days before the next debit is scheduled for the account number provided below.

Cancellation Notice

PLEASE COMPLETE THE FIELDS, THEN PRINT AND SIGN

To: _____ Email Address: _____
(Payee Name)

Date: _____

I/We: _____
(Payor Name)

cancel my/our authorization to issue (personal) pre-authorized debits against my/our account

Number: _____
(Utilities Kingston Account Number)

Effective: _____
(Date)

I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

Signed: _____ Date: _____
(Payor/Valid Signing Authority(ies))

Printed Name(s): _____

Note: Subject to the terms of any agreement between a payor and Payee including their Payor's PAD Agreement, a Cancellation Notice may be provided to a Payee by way of registered mail, telephone, internet, email, fax or prepaid courier and must be provided in compliance with the noticed requirements for cancellations, if any, set out in the applicable Payor's PAD Plan Agreement.